## UNIVERSITY OF MYSORE

Notification.

MEDICAL SCHOOL, BANGALORE CITY.

Applications for admission to the First Year L. M P. Class will be received by the undersigned up to 15th June 1949. Only Mysoreans will be admitted.

2 Applications for admission should be made in the form appended hereto together with Transfer or Leaving Certificate, S.S.L.C. Marks Card and Medical Certificate. The Medical certificate should be produced from a Medical Officer or a Private Medical Practitioner who is a graduate in Medicine.

3 Applications not giving complete information on all the points in the prescribed form or not accompanied by the required certificates or received after the due date will not be considered.

4 Forms of application for admission may be had from the undersigned.

5 For further particulars regarding the terms of admission, etc., apply to the undersigned.

T. SESHACHALAM, *Principal.*

FORM OF APPLICATION FOR ADMISSION TO THE MEDICAL SCHOOL, BANGALORE.

To

The Principal,
Medical School,
Bangalore 2.

Sir,

I beg to tender this, my application, for a seat in the Medical School, and to declare that I have read the rules, relating to admission and that I will abide by them.

Yours obediently,

Date.....
Place.....

*Signature of Applicant.*

| | | | |
|---|---|---|---|
| 1 | Name of applicant in block letters (Women applicants should write "women" against their names). | | |
| 2 | Date of birth and age as on 1st July, 1949 ... ... ... | Date of birth | Age |
| 3 | Caste, Religion (details of sub-caste) ... ... ... ... | | |
| 4 | Place of birth ... ... ... ... ... ... | Place / Taluk / District | |
| 5 | Date of passing the S.S.L.C. Examination and Register Number and Total marks obtained. | Year / Reg. No. / Total Marks | |
| 6 | Optional subjects in the S.S.L.C. ... ... ... ... | | |
| 7 | Other Higher examinations, passed or failed, if any ... ... | | |
| 8 | Are the following certificates enclosed? | | |
| | 1 Medical certificate ... ... ... ... ... | (1) | |
| | 2 Transfer or School leaving certificate ... ... ... | (2) | |
| | 3 S.S.L.C. Marks card ... ... ... ... ... | (3) | |
| | 4 Domicile certificate (if a domiciled Mysorean) ... ... | (4) | |
| 9 | Postal address in full ... ... ... ... ... | | |
| 10 | Registration fee of Re. 1 sent by M. O. or Chellan. (Enclosed receipt) ... | | |
| 11 | Other particulars, if any .. ... ... ... ... | | |
| 12 | Name of Father or Guardian.... ... ... ... ... | | |
| | (a) Occupation ... ... ... ... ... ... | | |
| | (b) Annual Income ... ... ... ... ... | | |